

**New York State Office of Indigent Legal Services
ILSAPP LISTSERVE SUBSCRIPTION FORM**

Name _____

Organization _____

Address _____

County _____

Phone _____

Email _____

Areas of practice. Check all that apply:

☐ Criminal ☐ Family ☐ Trial ☐ Appellate

Listserve Guidelines

Role of listserve:

1. This listserve is open to NY attorneys involved at the trial and/or appellate level in mandated representation for criminal defense and/or Family Court matters.
2. This listserve provides a forum to help defenders improve the quality of representation rendered by: (a) exploring issues, problems, and best practices; (b) having respectful, robust discussions; and (c) sharing valuable information and resources.
3. To send a message, simply use ilsapp@listserve.com. Please be sure to include an electronic signature.
4. To reply to a message, use REPLY to engage with the sender only or REPLY ALL to post to the entire group.

Caveats:

5. This listserve is not open to attorneys who provide legal services in any matters on behalf of prosecutors or social services agencies.
6. This listserve is provided as a service of ILS, which is not responsible for the opinions or information posted but will strive to take appropriate action if objectionable material is posted.
7. Listserve members are prohibited from posting: (a) any identifying or confidential information regarding clients; (b) content for personal, commercial, or political gain; (c) uncivil comments; and (d) any content not designed to advance the mission of improving the quality of mandated parental representation.

8. Listserv members should not forward other members' messages without permission and should never share content with anyone outside the mandated representation community. But since compliance by others cannot be guaranteed, subscribers should exercise discretion as to their posts.

I certify that I have read, understand, and will follow these guidelines. I further certify that I do not do any work on behalf of a prosecution office or social services agency and will alert ILS if my professional status changes.

Signature _____ Date: _____